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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	CV01185K1X
First Named Inventor	CHACKALAMANNIL
COMPLETE IF KNOWN	
Application Number	10 / 705,282
Filing Date	NOVEMBER 10, 2003
Group Art Unit	TO BE ASSIGNED
Examiner Name	TO BE ASSIGNED

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS OF USE OF THROMBIN RECEPTOR ANTAGONISTS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **NOVEMBER 11, 2003** as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/211724 60/373072	06/15/2001 4/16/2002	<input type="checkbox"/>

[Page 1 of 2]

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Date

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
09/880222	6/13/2001	
10/412982	4/14/2003	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 24265 → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

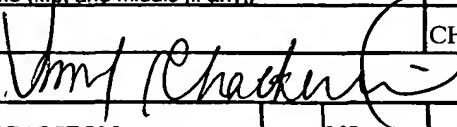
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label 24265 OR Correspondence address below

Name	GERARD E. REINHARDT	Reg. No. 43041			
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Address					
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Country		Telephone	(908) 298-2960	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname					
SAMUEL 		CHACKALAMANNIL					
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Post Office Address							
City	CALIFON	State	NJ	ZIP	07830	Country	USA

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (11-00)

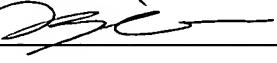
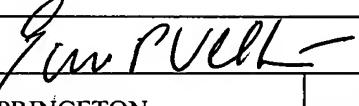
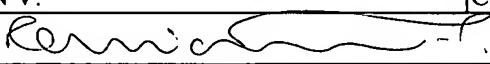
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
YAN		XIA	
Inventor's Signature			Date 11-25-03
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Mailing Address			
City EDISON	State NJ	ZIP 08820	Country USA
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ENRICO P.		VELTRI	
Inventor's Signature			Date 12/11/03
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Mailing Address			
City PRINCETON	State NJ	ZIP 08540	Country USA
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MARIAPPAN V.		CHELLIAH	
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City EDISON	State NJ	ZIP 08817	Country USA

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
WENXUE		WU	
Inventor's Signature	<i>Wenxue Wu</i>		Date 25 Nov 2003
Residence: City PRINCETON JUNCTION	State NJ	Country USA	Citizenship USA
Mailing Address 53 ZAITZ FARM ROAD			
Mailing Address			
City PRINCETON JUNCTION	State NJ	ZIP 08550	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MICHAEL P.		GRAZIANO	
Inventor's Signature	<i>Michael P. Graziano</i>		Date 12/8/03
Residence: City SCOTCH PLAINS	State NJ	Country USA	Citizenship USA
Mailing Address 2239 CONCORD ROAD			
Mailing Address			
City SCOTCH PLAINS	State NJ	ZIP 07076	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
TEDDY		KOSOGLOU <i>TD</i>	
Inventor's Signature	<i>Teddy Kosoglu</i>		Date 8 Dec 2003
Residence: City JAMISON	State PA	Country USA	Citizenship USA
Mailing Address 2457 PRIMROSE COURT			
Mailing Address			
City JAMISON	State PA	ZIP 18929	Country USA

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MADHU		CHINTALA	
Inventor's Signature			Date 12/08/03
Residence: City COLTS NECK	State NJ	Country USA	Citizenship INDIA
Mailing Address 8 QUEENS PASS			
Mailing Address			
City COLTS NECK	State NJ	ZIP 07722	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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